

# Retiree Help Line 1-800-647-3674

## Section 1

### Electronic Funds Transfer Authorization

**Declaration - U.S. law requires that the following information be obtained for all direct deposit (ACH) transactions**

Will the pension payment that is made via direct deposit pursuant to this Authorization be forwarded across the U.S. border to a foreign financial institution through the ACH network on the same day that it is deposited into your account?

- ☐ NO, please proceed and complete section 2
- ☐ YES, please fill out the Financial Institution information below, then proceed to section 2

Foreign Financial Institution Name: \_\_\_\_\_

Foreign Financial Institution Identification Number: \_\_\_\_\_

Foreign Financial Institution Address: \_\_\_\_\_

## Section 2

Information on the benefit recipient

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Former Employer/Plan Sponsor: \_\_\_\_\_

If you are receiving a Survivor's benefit, please complete the following:

Deceased Retiree's Name: \_\_\_\_\_

Deceased Retiree's Social Security Number: \_\_\_\_\_

Please complete if you are receiving benefit payments from Comerica under more than one plan

- ☐ Please apply my direct deposit plan to all affected plans.
- ☒ Please only apply my direct deposit information to the following plan: City of Battle Creek Police + Fire Pension

I authorize and direct Comerica Bank to make the monthly pension payment payable to me under the City of Battle Creek Police + Fire Pension plan via the Automated Clearing House (ACH) system to the financial institution and account number named below.

US Financial Institution Name: \_\_\_\_\_

US Financial Institution Address: \_\_\_\_\_

US Financial Institution's ACH Routing/Transit Number \_\_\_\_\_

☐ Checking ☐ Savings Account Number \_\_\_\_\_

I certify that the information I have provided on this Electronic Funds Transfer Authorization form is correct and complete. I understand that this Authorization will remain in effect until I submit written authorization to cancel or change the information contained in this form.

Retiree/Beneficiary's Signature: \_\_\_\_\_

**Please return completed form to:**

Return to: City of Battle Creek  
Attn: G Bradstreet  
PO Box 1717  
Battle Creek, MI 49016-1717